FORM CD-516 LF (6-93)				U.S. DEPARTMENT	OF COMMERCE NE							
,	CLASSIFI	CATI	ON AN	D								
PERFORMANCE MANAGEMENT RECORD MR#												
Performance Plan	Performance App	raisal	• Performan	ce Recognition	Progress Review	• Positio	n Description					
Employee's Name: John Smith Social Security No.: 123-45-678												
Position Title: International Trade Specialist												
Pay Plan, Series, Grade/Step: Gs 1140 12/05												
	· · · · · · · · · · · · · · · · · · ·											
_	Assistant Secretar	y for XX		 -								
3.	DAS for X			6.								
Rating Period: October 1, 1999 thru September 30, 2000												
Covered By: Senior Executive Service Performance Management and Recognition System												
✓	General Workforc	е		Other								
		PART A	A - POSITI	ION DESCRIP	ΓΙΟΝ							
POSITION CERTIFICATION - I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.												
SUPERVISOR'S SIGNATURE	ddiationo.	DA	ATE	SECOND LEVEL SUPERVISOR DATE								
James K. Jones	-			Mary Roberts-L								
CLASSIFICATION	OFFICIAL TITLE:											
CERTIFICATION	PP:	SERIES:		FUNC:	GRADE:	I/A: 🔲 🗅	YES NO					
I certify that this position not published standard						d published b	y the OPM or, if					
NAME AND TITLE OF CLASSI	FIER			SIGNATURE	DATE							
	PART	B - PEI	RFORMAN	NCE PLAN								
This plan is an accu	rate statement of t	he work	that will be	the basis of the	e employee's perfo	rmance ap _l	praisal.					
NAME AND TITLE OF FIRST L	INE SUPERVISOR/RATING	OFFICIAL		SIGNATURE	DATE							
James K. Jones, Off	ice of XX											
APPROVAL - I agree	with the certification	of the pos	sition descrip	tion and approve th	ne performance plan.							
NAME AND TITLE OF APPRO	VING OFFICIAL OR SES AP	POINTING A	UTHORITY	SIGNATURE	DATE							
Mary Roberts-Lee, D	AS for XX											
EMPLOYEE ACKNO ges discussion of the po does not necessarily sig	WLEDGEMENT - My osition description and			DATE								
PRIVACY ACT STATEMENT - Disclosure of your social security number on this form is voluntary. The number is linked												

PRIVACY ACT STATEMENT - Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

MASTER RECORD/INDIVIDUAL POSITION DATA

	MASTER RECORD/INDIVIDUAL POSITION DATA																					
B. KEY DATA																						
1. FUNC	ΓΙΟΝ (1)	2. DEP	2. DEPT CD/AGCY-BUR-CD (4)			3. SC	ON (4)	4.	4. MR NO. (6)			5.	5. GRADE (2)			6. IP NO (8)						
А	/CD/I/R																					
B. MASTER RECORDS																						
1. PAY I	PLAN (2)	2. OCC	SER (4)	3. 00	CC FUNC	CD (2)	4. OFF)/SF !	5. OF	F TITL	E (38	3) (32 V	V/ PF O	R SF)	(26 W/	PF AND) SF)			
							FEIA	111		SFIX												
6. HQ/FLD CD (1) 7. SUPV CD (1) 8. CLASS STD CD (1) 9. INTERDIS CD (1) 10. DT CLASS (6) 1=HQ 1-SUPV GSSG 5=MGT CSRA X=NEW STD N=NO MO DAY YE.												YEAR										
								NK=N/A										YEAR				
	11. EARLY RET. CD. (1) 12. INACT/ACT (1)								_	BOL (6)		14. D (6)/10	_	INACT/REACT DAY YEAR			15.AGCY. USE (10)					
			A=ACTIV I=INACTI				O DAY YEA C			'MIU	WIO DAY YEAR											
	ERDIS.SEF		,		. ,							<u> </u>										
(4)	(4) (4)		(4	(4)		.)	(4)			(4)			(4)		(4)		(4)					
	ERDIS-PF/) (32 W/																			
(6)		(6)		(6)		(6)	(6)	·)		(6)			(6)		(6)			(6)		(6)		
												<u> </u>							<u> </u>			
C. IND	IVIDUA	L POSI	TION																			
1. FLSA	(1)	PAY TBI		2. FIN DS		PROC IN			S SCH =SCH A	ED (1) 0=EX		יבח	4. PC	OS. SEN		C-	:ADP	4A. D	RUG T	S (1)		
	(EMPT ONEXEMP	I		0=NO 3=SF 4=SF	-278	N=NO		B=	=SCH B =SCH C	В	BUT N A,B,C				CRIT/SE		AUF					
6. WK T (4)	TTLE CD	7. WK	TITLE								•			3=CRIT 4=SPE	T/SENS CIAL SEI	NS		5. CO	MP LV	L (4)		
(4)														5=MOD 6=HIGI								
8. ORG.	STR. CD	(18)										V. CD										
(1st)	(2nd)	(3rd)	(4th	1) (5	5th) ((6th)	(7th)	(8	3th)	NO VACANCY C=HIGHER GRADE A								ERENT D/OR SEI POSN/NE	RIES			
10. TAR		1. LANG		'DUTY			ATION (9)	-	14. B	BUS	15.E	DT LST	AUD		_		D/LEO	17. D	DATE-E	ST (6)		
GRA (2))	'DE	REQ (2)	IND	JDUTY D. (1) ANK = N/A	ST (2)) CITY	(4) CNT	Y (3)	(4)	CD	MC) D	PAY	YEAR	(1)	BLANK 1=PAS A=LEO	;	МО	DAY	Y YEA		
	DE BASIS IN									DT REQUEST 20. NTE. DATE (6)								21. POS ST BUD (1)				
GI	=REV WHEN UIDE =IMPACT OF			P/PROGRA	λM	7=EQUIF	, DEA	۲	₹ ₩ Φ(¢	DAY	′ Y	/EAR MO			DAY	AY YEAR			Y=PERM N=OTHER			
	NT. REV./				st DIGIT:	ACTIVI	TY AND	2ND	DIGIT	=RESL	JLTS	5))										
	ACTIVIT 1 = AUDI	TY DIT (COUNTE	ED TOWAF	₹DS		O ACTION	REQUIRED		4=7	TITLE CH	ANGE	. 7	7 = POS	SN DOWN	IGRADE							
MAINTENANCE REVIEW) 2 = MINOR PD CHANGE 5 = SERIES CHANGE 8 = NEW POSN 2 = OTHER ACTIVITY 3 = NEW PD REQUIRED 6 = POSN UPGRADE 9 = OTHER																						
CO DAT	= = = A	201 (1)	01 DA	ABO		35 INIA	OT/A OT		-	INI	- OT/	3540T	- 1-	7 00/		22		20. /	CENC	Y UCE		
MO	E EMP AS	YEAR	MO	TE ABOI			CI/ACI ACTIVE NACTIVE		26. DA (6) _{MO}	DA		REACT YEAF		27. ACC STA		28. INTAS			(8)	Y USE		
20 DED(CONNEL	40NACE	ATNIT C	SECIALI	CTIC SIC			\bot	121	DATE						ى 	ER (4)					
30.PERSONNEL MANAGEMENT SPECIALIST'S SIGNATURE 31. DATE																						
32. REN	ARKS																					